

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



3 7 5 9 0 6 3

CERTIFICATE NUMBER: 2018-022708

DATE ISSUED: 07/11/2019

FEE NUMBER: 34515

FIRST AND MIDDLE NAME(S): [REDACTED]
LAST NAME(S): [REDACTED]

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 13, 2018
HOUR OF DEATH: 12:40 AM
SEX: MALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED]
BIRTHPLACE: [REDACTED]

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: CHIEF OF THE BOAT
INDUSTRY: U S NAVY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: [REDACTED]
RELATIONSHIP: DAUGHTER
ADDRESS: [REDACTED]

CAUSE OF DEATH:
A: SUBDURAL AND SUBARACHNOID HEMORRHAGE
INTERVAL: DAYS
B: BLUNT FORCE INJURIES OF HEAD
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MAY 12, 2018
HOUR OF INJURY: 12:50 AM
INJURY AT WORK: NO
PLACE OF INJURY: CASCADE BEHAVIORAL HEALTH

LOCATION OF INJURY: 12844 MILITARY RD S

CITY, STATE, ZIP: TUKWILA, WASHINGTON 98168
COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER
CITY, STATE, ZIP: BURIEN, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]
CITY, STATE, ZIP: [REDACTED]
INSIDE CITY LIMITS: NO COUNTY: [REDACTED]
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER/PARENT: [REDACTED]
MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: [REDACTED]
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: PORT ORCHARD, WASHINGTON
DISPOSITION DATE: MAY 22, 2018

FUNERAL FACILITY: PENDLETON-GILCHRIST FUNERAL HOME, INC.
ADDRESS: [REDACTED]
CITY, STATE, ZIP: [REDACTED]
FUNERAL DIRECTOR: MARK RILL

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: MAY 15, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: [REDACTED]
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: MAY 22, 2018